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BIBDATASHEET

CONFIRMATION NO. 3438

Bib Data Sheet

SERIAL NUMBER 09/694,855	FILING DATE 10/24/2000 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 00077
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APPLICANTS

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** CONTINUING DATA ***** T.T.

** FOREIGN APPLICATIONS ***** T.T.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 12/11/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 1829	INDEPENDENT CLAIMS 9
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Verified and Acknowledged
Examiner's Signature T.T. Initials

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TITLE
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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